

Release of Information for Claimant
(Signature of the Requestor Must Be Notarized)

Pursuant to Massachusetts General Laws, Chapter 151A, section 46(c)(2), I would like to request from the Massachusetts Division of Unemployment Assistance my unemployment record be released to me upon this request for the period of:

(from)_____ (to)_____

Comments: (Please specify the type of materials requested, for example – unemployment case file with dates of claim, Hearing or Board of Review materials including files and tape(s) with specific dates and any docket numbers, etc.)

Document type requested: _____

Full Name of Person Requesting Release (Printed or Typed)

Claimant ID# or Last 4 digits of SSN

Date of Birth

Street Address, City, State, Zip Code (Printed or Typed)

Notarized Signature of Person Requesting Release

Notary Public Acknowledgement of Signature

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was/were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

My commission expires_____

Questions contact (617) 626-6425.

Please return to: Department of Unemployment Assistance
 Legal Department/Records Management
 100 Cambridge Street, Suite 400
 Boston, MA 02114

OR email to: DUAPublicRecordsRequest@mass.gov